

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965368	(X3) DATE SURVEY COMPLETED R 05/16/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE OCOEE	STREET ADDRESS, CITY, STATE, ZIP CODE 80 NORTH CLARK RD OCOEE, FL 34761	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Revisit to the Limited Nursing Service Monitoring was conducted on 5/16/17. Brookdale Ocoee license #9731 had no deficiencies at the time of the visit.